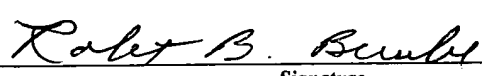



IFJ

| | | | | | |
|--|-------------------------------------|----------------------------------|---|----------------------------------|--------------------------|
| AMENDMENT TRANSMITTAL LETTER (Small Entity) | | | | Docket No. 44500-00342 | |
| Applicant(s): JAHNS et al | | | | | |
| Application No. 10/658,984 | Filing Date September 10, 2003 | Examiner Washburn, Douglas N. | Customer No. 25231 | Group Art Unit 2863 | Confirmation No. 3965 |
| Invention: INDUSTRIAL PROCESS FAULT DETECTION USING PRINCIPAL COMPONENT ANALYSIS" | | | | | |
| COMMISSIONER FOR PATENTS: | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 45 - | 43 = | 2 | x \$25.00 | \$50.00 |
| INDEP. CLAIMS | 5 - | 3 = | 2 | x \$100.00 | \$200.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$250.00 |
| <input type="checkbox"/> No additional fee is required for amendment. | | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ | | | | | |
| <input checked="" type="checkbox"/> A check in the amount of \$250.00 to cover the filing fee is enclosed. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1419 | | | | | |
| <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. | | | | | |
| <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | |
|  Signature | | | Dated: <u>April 25, 2005</u> | | |
| Robert B. Berube Registration No. 39, 608 Marsh Fischmann & Breyfogle LLP 3151 South Vaughn Way, Suite 411 Aurora, CO 80014 Phone: (303) 338-0997 Facsimile: (303) 338-1514 | | | <div style="border: 1px solid black; padding: 5px;"><p>I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>April 25, 2005</u> (Date)</p><p> Signature of Person Mailing Correspondence</p><p>Lori Lane Typed or Printed Name of Person Mailing Correspondence</p></div> | | |
| cc: | | | | | |



PATENT APPLICATION

THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re: Application of:

JAHNS et al.

Serial No.: 10/658,984

Filed: September 10, 2003

Confirmation No.: 3965

Atty. File No.: 44500-00342

For: "INDUSTRIAL PROCESS FAULT
DETECTION USING PRINCIPAL
COMPONENT ANALYSIS"

) Group Art Unit: 2863

) Examiner: WASHBURN, Douglas N.

) AMENDMENT AND RESPONSE

CERTIFICATE OF MAILING

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH
THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE
ADDRESSED TO COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA,
VA 22313-1450 ON Apr 1 25, 2005

MARSH FISCHMANN & BREYFOGLE LLP

BY: [Signature]
Lori Lane

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

Applicant submits this Amendment and Response to address the Office Action having a mailing date of January 25, 2005. Enclosed herewith is a check in the amount of \$250.00 in the payment of fees due for the addition of two new independent claims. Please charge any deficiency or credit any excess to Deposit Account No. 50-1419. Additionally, although Applicant believes an extension of time is not needed, please consider this a petition for an extension of time under 37 C.F.R. 1.136(a) if an extension is necessary to maintain the pendency of the present application and charge the extension fee, if necessary, to Deposit Account No. 50-1419.

Please amend the above-identified application in the manner set forth herein.

04/28/2005 CCHAU1 00000024 10658984

01 FC:2202 50.00 OP
02 FC:2201 200.00 OP